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Washington State Board of Health

Annual Report 2004

[SBOH Graphic--Always working for a safer and healthier Washington]

[PAGES 2-3]

An Ounce of Prevention

Influenza vaccine shortages, the outbreak of severe acute respiratory syndrome (SARS), the continuing spread of West Nile Virus, anthrax in letters, heightened concerns about the obesity epidemic, humans contracting monkeypox from prairie dogs...headlines in recent years have provided constant reminders of the importance of public health. The tools public health uses to respond to such very public crises—disease surveillance, laboratory testing, epidemiology, environmental monitoring, distribution of medicines and vaccines, health education, and more—are the same tools it uses every day as it quietly works around the clock, and often behind the scenes, to protect the public's health and safety from an array of threats.

Public health is about understanding and preventing disease and injury across our entire population. It is a public and private partnership that improves health by applying science to medical practice, personal behavior, and public policy. Public health services help communities to be healthy places to live, work and play. They serve as a resource for reliable health information and protect communities from hazards in the environment.

A hundred years ago, the average American lived to be 45. Through public health's leadership in communicable disease prevention and control, sanitation, immunization, nutrition, and education, the average lifespan in the United States has increased dramatically to 75 years. Advances in preventing premature death from heart disease, cancer, stroke and a dozen other illnesses, are among the reasons our lifespan continues to rise.

A 2002 Institute of Medicine Report, *The Future of the Public's Health in the 21st Century*, notes that while as much as 95 percent of health care spending goes to medical care and biomedical research, "there is strong evidence that behavior and environment are responsible for more than 70 percent of avoidable mortality." Public health's enemies today include tobacco use, poor diet, lack of exercise, and environmental pollution. That is why current public health efforts have tended to focus on assuring healthy environments and promoting healthy behaviors.

At the same time, outbreaks of naturally occurring diseases, combined with concerns about bioterrorism, have increased awareness of public health's continuing efforts to confront a traditional enemy—communicable disease. Because of our growing interconnectedness in an increasingly global world, the United States and Washington face a compound threat—from new and re-emerging diseases and from diseases that have become resistant to antibiotics, as well as from the possible use of biological weapons by hostile nations, terrorists, or criminals.

The State Board of Health is committed to partnering with the citizens of Washington and with other agencies to meet these multiple challenges.

[PULLQUOTE FOR ART ON P. 2]

The work of public health is to:

- Help communities to be healthy places to live, work and play
- Serve as a resource for reliable health information you can use
- Protect our communities from hazards in the environment

[SIDEBAR]**Some Key
Accomplishments**

- Submitted 2004 State Health Report, which was adopted by the Governor
- Produced a report on community environmental health assessments
- Examined state policies on zoonotic diseases and exotic pets
- Engaged in an extensive review of rules and statutes on HIV/AIDS
- Co-sponsored Food, Fitness and Our Kids forums in three communities
- Adopted a new state food code that is based on national guidelines
- Updated standards for hotels, motels and other transient accommodations
- Revised rules governing pools and other water recreation facilities
- Published *Welcome to Public Health*, a guidebook for local boards of health
- Initiated a review of rules governing school environmental health

[PAGES 4-5]

The Board's Book of Business

Providing for the public health is an essential government service. The Washington State Constitution recognized this important role for state government by establishing the State Board of Health to help lead this effort.

The Board has ten members, nine of whom the governor appoints to three-year terms—two representing consumers, one representing elected city officials, one representing elected county officials, one representing local health officers, and four representing health and sanitation. The tenth member is the secretary of the Washington State Department of Health.

The Board divides its time between three related responsibilities—rule making, policy development, and providing a public forum through which citizens can help shape state health policy. The Board is also an active part of a network of public health agencies that work together to provide a safer and healthier Washington.

Rule Making

The Board is responsible for a wide range of health rules. These rules define a system that alerts us to new disease threats, keeps our food and drinking water safe, prevents and controls the spread of communicable diseases, ensures that our children receive appropriate and timely health screenings and immunizations, helps ensure that septic systems don't contaminate streams and groundwater, and enhances the safety of a wide range of facilities Washingtonians use every day—pools, schools, restaurants, camps, outdoor concert venues, hotels and resorts, and more.

Policy Development

The Board's duties include recommending health policy in Washington State. In recent years, the Board has increased its policy activities to help point the way to new opportunities for public health improvement.

Every two years, the Board identifies high priority areas for policy development. In July 2003, the Board adopted a work plan for 2003-2005 that acknowledged that efforts to update, streamline, and simplify rules are placing significant demands on Board resources. That work plan emphasizes new projects in children's health and well-being and environmental health, as well as continued work on public health capacity and completion of ongoing policy development in environmental health and health disparities. The Board also set aside resources so it could respond to emerging health issues.

Every two years, the Board is responsible for generating a state health report for the governor's consideration. Once approved by the governor, the report provides guidance to agency heads as they develop budgets and craft request legislation for the upcoming biennium. In 2003, the Board collaborated with the Governor's Subcabinet on Health to draft a state health report intended to shape priorities for the 2005-2007 biennial budget.

It submitted a proposed report to Governor Gary Locke in January 2004, and the Governor approved it.

Public Engagement

A central part of the Board's mandate is to bring the public into the policy development process. Its meetings around the state provide a forum for public testimony on any health subject and it regularly holds public hearings on specific topics. It takes seriously its commitment to engage stakeholders and the general public in all rule making, and state government looks to the Board to convene forums on emerging health issues such as health care access and the policy implications of emerging genetic technologies.

In all aspects of its work, the Board prides itself on encouraging collaboration. Promoting greater community and environmental health involvement in community health assessment practice, bringing together different agencies to discuss zoonoses in pets, pulling together a workgroup to establish criteria for requiring school children to receive particular vaccines, and helping convene a statewide collaborative to review HIV/AIDS policy—these are just some examples of how that attitude is reflected throughout the activities described in this report.

[SIDEBAR]

2003 Rule Reviews

- Newborn Screening
- Food Service
- Food Worker Cards
in Adult Family Homes
- On-site Sewage
- Arsenic in Group A
Public Water Systems
- Notifiable Conditions
- Water Recreation
- Transient
Accommodations
- Immunizations
- HIV/AIDS and
Bloodborne Infections

[PULLQUOTE FOR PICTURE OF BLOCKS ON P. 4]

A central part of the Board's mandate is to bring the public into the policy development process.

[QUOTE FOR LARGE RECTANGLE ON P. 5]

The Board is part of a statewide network of public health agencies that are always working for a safer and healthier Washington.

[PAGES 6-7]

Environmental Health

Environmental Health

The Board's continued strong emphasis on environmental health during 2004 illustrates the importance and interrelatedness of the Board's three enterprises—rule making, public engagement, and policy development.

Rule Making

The Board adopted new rules for food service establishments, water recreation facilities, and transient accommodations. Working with the Department of Health, it began revising school environmental health rules, and it continues to work on revising rules for small and large onsite sewage systems.

Public Engagement

The Board heard a variety of perspectives on school environmental health, food safety regulations, and onsite sewage system regulations. It heard from parents and legislators concerned about school environmental health issues such as indoor air quality and drinking water quality. It also heard from many people about proposed changes to the state food code, including representatives from the Washington Sustainable Food and Farming Network, the Washington Restaurant Association, and the Washington Food Industry Association. The Board continues to listen to Washington residents and organizations with a variety of views on proposed septic regulations—from those who want stricter onsite regulations to protect marine environments and shellfish beds, to those concerned the regulations might be too burdensome for homeowners, developers, and financially strapped local health jurisdictions.

Policy Development

The Board's Environmental Health Committee completed its survey and report on community environmental health assessment (CEHA) processes in Washington State. The Committee began this work because of the need to have better information available on community priorities and values when making statewide decisions about environmental health policy.

Community health assessments are systematic ways of identifying and communicating health information, including values, needs, resources, and data. They can involve community members in prioritizing and addressing health issues. Throughout the project and in the report, the Committee promoted community involvement in the work of public health agencies. The Committee promoted CEHAs as tools for more systematic, inclusive, broad-based and transparent environmental health policy making.

The Committee interviewed more than 150 people, including representatives of local and state health departments, Department of Ecology, two CEHA processes, a tribal health planner, and other agency and community members. The Committee developed eight recommendations for improving local and state agency and community capacity for

conducting CEHA processes. These were based on recommendations gathered during the interviews and additional discussions.

On the Web

For a copy of the Board's CEHA report and more information on Board actions and projects, please see the Board's environmental health web page at <http://www.doh.wa.gov/sboh/Priorities/envhealth/envhealth.htm>.

SIDEBAR: Promoting community environmental health assessment:

- At the April 2004 Washington State Environmental Health Association conference, Seattle Public Utilities, Island County Health Department, and Board staffers presented on why and how to engage community members in community environmental public health assessment processes.
- At the October 2004 Joint Conference on Health, Committee Chair Carl Osaki presented on the Board's CEHA project and report.
- At the December 2004 Asia-Pacific Academic Consortium for Public Health Conference, Board policy analyst Marianne Seifert presented on the Board's CEHA project and report.

[PULLQUOTE UNDER PICTURE]

Environmental health and protection is the art and science of preventing environmental factors—whether in the natural or human-made environment—from adversely impacting human health or disturbing the ecological balances that contribute to long-term human health.

[PAGES 8–9]

Communicable Diseases

Preventing communicable diseases and controlling their spread is perhaps the most fundamental duty of public health. Communicable diseases include sexually transmitted infections, blood-borne pathogens, and food and vector-borne illnesses. The Board has broad authority to make rules to control their spread, and it has many specific duties related to particular diseases such as tuberculosis. The Board also establishes the list of “notifiable conditions”—diseases and disorders that hospitals, health care providers and laboratories must report to public health officials—and specifies immunization requirements for children entering school or child care.

In 2004, the Board’s communicable diseases work included two significant policy development efforts—one concerned human diseases transmitted from exotic animals and another concerned HIV/AIDS. The Board also made changes to the list of notifiable conditions (see sidebar) and updated the school-entry immunization rule (see Children’s Health and Well-Being, page 10).

Zoonotic Diseases

In May and June 2003, the United States experienced an alarming outbreak of monkeypox. Investigators linked the human cases to animals that were imported for the exotic pet trade. This event prompted concerns about zoonoses—diseases that originate in animals and can jump to humans—being spread by exotic pets. The Board pulled together an interagency work group to evaluate whether existing laws and regulations give public health officials the authority they need to prevent zoonotic disease outbreaks and take action during an outbreak.

Zoonoses account for more than 60 percent of recognized infectious diseases and 75 percent of emerging diseases. Epidemics of avian influenza, acquired immune deficiency syndrome (AIDS), and West Nile fever are examples of how, under certain circumstances, diseases can be introduced to and spread among a new population of susceptible animals and humans. The importation and trade of exotic animals may increase our risk of experiencing future outbreaks of zoonotic diseases.

The work group convened by the Board examined existing laws and regulations, assessed the exotic pet trade in Washington State, and made several recommendations:

- Develop a zoonotic disease response plan;
- Revise existing rules on rabies and psittacosis;
- Give further consideration to adopting a point of sale education requirement for reptile sales; and
- Monitor the situation and periodically reevaluate whether additional regulation is needed.

The workgroup’s findings, conclusions, and recommendations are available in a report titled *Zoonotic Diseases and Exotic Pets: A Public Health Policy Analysis*. The report is available on-line at [INSERT URL] or in hard copy by request.

HIV/AIDS Policy Review

The 1988 AIDS Omnibus Act established Washington State as a national leader in AIDS policy. Several portions of that act require the Board to adopt rules. Our understanding of HIV infection and social attitudes about HIV disease have changed significantly in the decade and a half since the law was enacted and rules first written. In response to the changing nature of the epidemic, the Washington State Association of Local Public Health Officials asked the Board and the Department of Health to review all statutes, rules, and policies related to HIV/AIDS and other bloodborne infections such as hepatitis C. The agencies jointly initiated two related processes—one to update existing Board rules and the other to examine broader issues that may need to be addressed by the Legislature.

The agencies began a review of the Board's HIV-related rules in September 2003. Activities surrounding this rule review continued through 2004. Public comment on the proposed changes was solicited through several channels, including stakeholder meetings held throughout the state. The Department of Health expects to propose changes to the rules regarding HIV counseling and testing and partner notification and referral services in early 2005. The Board anticipates holding a public hearing on the proposed changes in the spring of 2005.

To consider the full range of policy issues raised by changes in disease incidence, prevalence, treatment protocols, societal attitudes, and public health priorities and practices—including those issues outside the scope of current Board rules—the Board and the Department convened an HIV Policy Collaborative. The group's membership includes persons living with HIV and representatives of major community-based organizations, public health programs, professional associations and organizations, and advisory groups dealing with HIV policies and services. It met six times in 2004, taking up issues ranging from how to deal with people whose behaviors repeatedly put others in danger to whether the 1988 act should be amended to address other bloodborne infections as well. Minutes and other meeting materials are available on-line at http://www.doh.wa.gov/cfh/hiv_aids/Prev_Edu/HIV_Policy_Review.htm.

[SIDEBAR]**Notifiable Conditions**

Public health agencies rely on data from the notifiable conditions system to identify disease outbreaks, monitor disease trends, target intervention programs, and understand trends in morbidity and mortality. The Board adopted changes to the notifiable conditions rule (chapter 246-101 WAC) in 2004. The changes added the following conditions, which had been provisionally notifiable through August 2004, to the list of permanently notifiable conditions:

- Autism spectrum disorders
- Cerebral palsy
- Birth defects —abdominal wall defects
- Alcohol-related birth defects
- Hepatitis C (acute and chronic)
- Hepatitis B (chronic)
- Herpes simplex (initial genital infection only)

In addition, the changes incorporated a new classification for arboviral diseases, such as West Nile virus, and required laboratories to report positive hepatitis B and hepatitis C results.

[PAGES 10–11]

Children's Health & Well Being

In 2004, the Board engaged in several activities designed to ensure the health of school-age children. These included the School Physical Activity and Nutrition (SPAN) initiative, a response to the epidemic levels of childhood obesity in our State and its attendant risks, as well as efforts related to immunization requirements for children entering school or child care.

Overweight children are at higher risk for developing severe long-term health problems, and are affected by discrimination, psychological stress and low self-esteem. Research indicates that obesity and subsequent diseases are largely preventable through proper diet and regular physical activity. In addition, children who eat well-balanced meals and are healthy are more likely to learn in the classroom. We also know that as a center point in children lives, schools are uniquely positioned to enhance student learning by promoting and supporting healthy behaviors.

The centerpiece of the SPAN initiative was a series of community forums designed to identify and promote local solutions. Knowing that the community forum project would be most effective if planned and supported by key organizations, the Board established an advisory committee. This committee includes the Washington State School Directors' Association, the Department of Health, the Office of Superintendent of Public Instruction, the UW Center for Public Health Nutrition, the Washington State Parent Teacher Association, the Washington School Food Service Association, and local health jurisdictions.

The advisory committee met in February 2004 to design a series of community forums for education and health professionals. These forums—called “Food, Fitness, and Our Kids”—provide an opportunity for local communities to discuss the far-reaching consequences of children’s inactivity and poor nutrition and to explore ways schools can help address this serious problem. Ideally, local school systems, as a result of these forums, will adopt policies and practices that make it easier for children to choose health-promoting foods, be physically active, and be ready to learn at school. To date, community forums have been held in three counties: Clark, Island, and Benton-Franklin.

Board staff members also participated in efforts to implement Substitute Senate Bill 5436, which the Legislature passed during the 2004 session. The bill mandates that each school district’s board of directors establish its own nutrition/physical activity policy by August 1, 2005. In addition, the legislation charged several organizations with developing a model policy on access to nutritious foods, opportunities for developmentally appropriate exercise, and accurate information related to these topics. The Washington State School Directors’ Association took the lead in developing the draft model policy.

Requiring immunizations is yet another way to keep school children healthy. Toward the end of 2004, the Board, working in collaboration with the Department of Health, established an advisory committee to develop a set of criteria for determining when an immunizing agent should be mandated for school and childcare entry. The Board has not

reviewed the list of diseases against which children must be immunized since 1997. Given the pace of vaccine research and complexity of the issues, criteria are needed to help make decisions about vaccines required for school entry more efficient and the rationale behind the decisions more transparent. Once those criteria are in place, the Board will use them to evaluate currently mandated vaccines, as well as newly available vaccines. The current list of diseases for which immunization is required includes: diphtheria, tetanus, pertussis or whooping cough, measles or rubeola, rubella, mumps, poliomyelitis, haemophilus influenzae type b disease, and hepatitis B. The Board has also proposed more immediate changes to the school immunization rule, changes that clarify and simplify the rule and update the ages and intervals at which children should receive doses of each vaccine.

[SIDEBAR]

Newborn Screening

Beginning in 2004, newborns in Washington State are being screened for five new genetic conditions—biotinidase deficiency, galactosemia, homocystinuria, medium chain acyl co-A dehydrogenase (MCAD) deficiency, and maple syrup urine disease (MSUD). The Board amended its newborn screening rule in 2003, adding these five disorders to the list of four disorders for which newborns were already being screened. It did not take long for these new tests to prove their value. By August 2004, 29 Washington infants had been identified by the Department of Health lab as having one of these five conditions. Four babies were diagnosed with potentially deadly conditions.

The Board remains committed to applying the criteria developed by its Newborn Screening Advisory Committee as our scientific knowledge evolves concerning other disorders. In 2004, the Board decided to reconvene the Newborn Screening Advisory Committee to begin to examine new research findings on illnesses such as cystic fibrosis.

[PULLQUOTE]

“You cannot educate a child who is not healthy, and you cannot keep a child healthy who is not educated.”

—Jocelyn Elders, M.D.

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Public Health Capacity

The continuing possibility of terrorist attacks, combined with repeated threats to our health from new and re-emerging disease such as SARS and West Nile virus, underscore the importance of ensuring all Washington residents have access to a strong, integrated system of public health and health care programs.

The Board has been an active participant in discussion about ways to provide stable funding that will support a fully functioning public health system that is staffed, trained, and equipped to meet today's challenges. It continues to be part of the Public Health Improvement Partnership, along with the Department of Health (DOH), the Washington State Association of Local Public Health Officials (WSALPHO), and the University of Washington School of Public Health and Community Medicine. Staff members participate in work groups on access, finances, communications, workforce development, and standards.

The Board continues to meet with local boards of health to improve communication, strengthen local boards, engage local policy makers in public health issues, solicit input for the State Health Report, ensure its own members understand local concerns, and promote local awareness of SBOH activities. In 2004, it also worked with several partners—the DOH, WSALPHO, and the Northwest Center for Public Health Practice—to revise and update “Welcome to Public Health in Washington State: A Guidebook for Local Public Health Members.” The Board mailed printed copies to all local boards of health. Copies are also available on line at <http://www.doh.wa.gov/sboh/Pubs/pubs.htm>.

[PULLQUOTE UNDER ART]

“Status quo funding will not solve public health’s worsening funding crisis, it will only slow the rate of system collapse. A new, stable source of funding is needed to rebuild our crumbling public health infrastructure.”

Mike Doherty, Clallam County Commissioner
April 2003 testimony

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Health Disparities

The term *health disparities* describes a disproportionate burden of disease, disability, and death among a particular population or group. Many complex factors interact to produce health disparities. The diversity of the health workforce is one of those factors. Research shows that a diverse health workforce can improve the health status of racial and ethnic minorities.

During the 2004 legislative session the Board's Health Disparities Committee supported several bills that related to the Board's Health Disparities work. Senate Concurrent Resolution 8419 passed, and established a Joint Select Committee on Health Disparities.

In 2004 the Health Workforce Diversity Network, which formed in response to a recommendation in the Board's *2001 Final Report on Health Disparities*, continued to work on coordinating efforts to improve health workforce diversity. Under the leadership of Washington State Nurses Association, Washington State Medical Association, and University of Washington School of Public Health representatives, the Health Workforce Diversity Network surveyed Washington Health Career Pathway Programs. This survey identified gaps and places where efforts should be focused to improve the state's health career pathways for students of color.

The health disparities work is a prime example of the impact the Board's policy recommendations can have on activities across the state. Through synergies and direct influence, the Board's health disparities work has increased the attention paid to health workforce diversity and inspired efforts to encourage students of color to consider health careers.

Please visit the Board's Health Disparities web page for more information on the Health Workforce Diversity Network and other efforts to improve health workforce diversity: <http://www.doh.wa.gov/sboh/Priorities/disparities/disparities.htm>.

Some Key Accomplishments:

- Board Members Vickie Ybarra and Frankie Manning represented the Board on the state's Health Care Personnel Shortage Task Force, which included improving the diversity of the health care workforce as one of the ways to improve health care quality for all of Washington's residents while addressing health care workforce shortages.
- Vickie Ybarra met with directors of the American Indian Health Commission, Commission on African American Affairs, Commission on Asian and Pacific Islander Affairs, Commission on Hispanic Affairs, and the Governor's Office of Indian Affairs to discuss opportunities for collaboration.
- At the March Board meeting Vickie Ybarra presented the Institute of Medicine's Committee on Institutional and Policy Strategies for Increasing the Diversity of the Healthcare Workforce report. Additional agencies and organizations presented

on their efforts to improve health workforce diversity. The Board followed up with letters to the Deans of the state's health care profession schools, offering to assist them in improving their admissions policies.

- At the December Board meeting the Health Workforce Diversity Network and other partners presented on their efforts to improve health workforce diversity.

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Membership

Consumers

Linda Lake, M.B.A., directs the Tuberculosis Clinic at Harborview Medical Center for Public Health—Seattle and King County (through September).

Mel Tonasket, a former service unit director for the Colville Indian Health Center, serves on the Colville Confederated Tribal Council (beginning February).

Keith Higman, TK, is the Environmental Health Director for the Island County Health Department (beginning October.)

Elected City Officials

The Honorable David R. Crump, Ph.D., a child psychologist, is a Liberty Lake City Council Member and chair of the Spokane Health District Board.

Elected County Officials

The Honorable Carolyn Edmonds, a former legislator, is a Metropolitan King County Council Member and chair of the King County Board of Health.

Department of Health

Mary Selecky is secretary of the Washington State Department of Health and former administrator of Northeast Tri-County Health District.

Health and Sanitation

Charles R. Chu, D.P.M., a practicing podiatrist, is president of the Washington State Podiatry Independent Physician Association.

Ed Gray, M.D., is health officer for the Northeast Tri-County Health District and chair of the Basic Health Plan Advisory Committee.

Frankie T. Manning, R.N., M.N. is the Associate Director of Nursing Service at the Department of Veterans Affairs Puget Sound Health Care System (beginning July).

Carl S. Osaki, R.S., M.S.P.H., former director of environmental health for Public Health—Seattle & King County, is on the faculty at the University of Washington.

Vickie Ybarra, R.N., M.P.H. is director of planning and development for the Yakima Valley Farm Workers Clinic (through June).

Local Health Officers

Thomas H. Locke, M.D., M.P.H., Chair, is health officer for Clallam and Jefferson counties.

Board Staff

Craig McLaughlin, M.J., Executive Director [CONFIRM]

Marianne Seifert, M.A., Health Policy Advisor (through October)

Tara Wolff, M.P.H., Health Policy Advisor

Candi Wines, M.P.H., Health Policy Advisor

Desiree Day Robinson, Executive Assistant to the Board

Heather Boe, Assistant to the Board (through August)

2005 Meeting Schedule

Insert meeting schedule when approved

Meetings in italics are tentative. Meeting dates and locations are subject to change. See www.doh.wa.gov/sboh for updates.

[PAGE 16 (BACK COVER)]

[STATE SEAL]

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